

**Report to the Legislature and Governor**

# **Child Health and Wellness**

**2013 - 2015**



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## Background

The New York State Department of Health (Department) conducts a variety of programs that promote child health and wellness. Section 24-b of Part B of Chapter 58 of the Laws of 2007 requires the Commissioner of Health to report annually to the Legislature and Governor on:

*“...the performance outcomes of each program, under the department of health’s purview, that promotes child health and wellness.”*

Further, the law requires the report to include information on the goals of each program, achievements made toward reaching these goals, materials disseminated relating to the programs, future goals of the programs and the interrelationship among such programs.

This report highlights two major programmatic areas that focus on child health and wellness: the Department’s Overweight and Obesity Prevention Program, and its Comprehensive Breastfeeding Interventions. A number of programs in each area are described. This report provides an overview of each of these programs for the period of January 1, 2013 through December 31, 2015.

Further information on each program can be found on the Department’s Web site: [www.health.ny.gov](http://www.health.ny.gov).

## Overweight and Obesity Prevention Program

The Department established the Overweight and Obesity Prevention Program in 2003. The program works to augment, support and coordinate a variety of developing and existing obesity prevention initiatives in New York State. Its current primary focus is the prevention of childhood obesity through internal and external partnerships and the provision of resources to communities to support policy, systems and environmental change for children and families. The program uses high impact approaches that change the context in which individuals make decisions. The overarching goal is that healthy choices be easy choices wherever children, youth and their families live, work and play, including communities, schools, child care settings, healthcare settings and worksites.

Obesity prevention is part of New York State’s Health Improvement Plan, the Prevention Agenda 2013-2018. Obesity prevention goals, objectives and interventions are described in [Focus Area 1: Reduce Obesity in Children and Adults](#)<sup>1</sup>.

The Department funds a selected set of carefully designed interventions in high-need areas of the state. Multiple evidence-based or evidence-informed interventions targeting different community sectors are clustered in identified high need geographic areas to

achieve results based on their additive impact. Interventions continue to address specific behaviors and behavioral supports, including increasing access to and consumption of fruits and vegetables; decreasing sugary beverage consumption; increasing physical activity and promoting supportive environments for physical activity; reducing screen time; promoting, protecting and supporting breastfeeding; and increasing the number of pediatric health care settings that routinely screen, assess, provide preventive interventions, and refer children for overweight and obesity treatment.

Training and technical assistance was provided throughout 2013 through 2015 for local health department and hospital staff and their community partners implementing chronic disease prevention strategies as part of their Community Service Plans and Community Health Improvement Plans. Three of four priority strategies contribute to child health and wellness: Implementation of Complete Streets; Promoting Breastfeeding in Hospitals, Primary Care and Worksites; and, Promoting the Adoption and Use of Nutrition Standards. Three two-day in-person regional training events featuring national, state, and local experts on each topic were held in Albany, Syracuse and Rochester in 2014. Fifty-one of New York's 62 counties were represented. Technical assistance and training continued through the presentation of webinars for each topical track, delving further into aspects of intervention implementation and providing a forum for shared learning among those working on the selected strategies. All webinars were recorded and remain available to access, most with continuing education credits, at a new website created for this purpose, [www.nyspreventschronicdisease.com](http://www.nyspreventschronicdisease.com).

### *State Level Program*

#### Designing a Strong and Healthy New York

Designing a Strong and Healthy New York (DASH-NY) leads a statewide coalition and works with partners from such sectors as transportation, agriculture, economic development, planning, education, academia, and health care, to develop sustainable, cross-cutting policy, systems and environmental changes and strategies to end the epidemic of obesity and prevent chronic diseases among New Yorkers. DASH-NY, administered under a contract between the Department and the New York Academy of Medicine since April 2010, provides policy analysis, training, technical assistance, and support for sustainable changes that increase access to healthy food and safe places to be physically active for communities, schools, child care and health care.

DASH-NY held annual coalition conferences ("Community Partnerships to End Obesity Disparities" (2013); "Healthy Community Development: Economic and Infrastructure Strategies to Reduce Obesity Disparities" (2014); and "Keep the Good Work Going: Creating Sustainable Interventions and Campaigns to Reduce Obesity Disparities" (2015)). In each instance, the conferences brought together partners from public health, business, academia, transportation, food systems, and others engaged in obesity prevention.

DASH-NY also produced a quarterly newsletter, notifies stakeholders about training opportunities and develops policy assessments on a variety of obesity prevention topics. Their [Web site](#) provides tools and resources for obesity prevention work in multiple sectors. State-funded support of this project concluded in March 2016.

Materials developed:

[New York Shared Use Agreement Policy Implementation Guide](#)

[Mandatory Active Recess Policy Information Sheet](#)

[Mandatory Active Recess Policy Implementation Guide](#)

## *Community Sector Programs*

### Creating Healthy Places to Live, Work and Play – Communities

Creating Healthy Places to Live, Work and Play (CHPLWP) is a comprehensive initiative designed to prevent obesity and type 2 diabetes by implementing sustainable policy, systems and environmental changes in 22 New York State (NYS) communities. As of September 2015, 22 contractors reported implementing more than 100 strategies to establish or expand opportunities to be physically active and eat healthy foods including: 79 Complete Streets policies were passed; and, over 137 community gardens, 70 farmers markets, and 44 sites to distribute produce to low-income populations were established or expanded. In addition, five of the contractors worked with 80 worksites that have a total of 26,796 employees to implement comprehensive worksite wellness strategies in small to medium size worksites.

The project concluded on September 30, 2015. A [final report](#) is available.

Participating community contractors included:

- Arnot Ogden Medical Center
- Brooklyn District Public Health Office
- Capital District Community Gardens
- Cayuga County Health and Human Services
- Chautauqua County Health Network
- Common Ground Management Corp.
- Cornell Cooperative Extension of Niagara County
- Cornell Cooperative Extension of Suffolk County
- Cornell Cooperative Extension of Ulster County
- Cornell Cooperative Extension of Wayne County
- Creating Healthy Places Ulster
- Essex County Public Health
- Finger Lakes Health Systems Agency\*\*
- Glens Falls Hospital, Warren County/Washington County\*\*
- Herkimer County HealthNet
- Human Services Coalition of Tompkins County\*\*
- North Country Healthy Heart Network, Inc.
- Onondaga County Health Department
- Research Foundation of SUNY Cobleskill

- Rockland County Department of Health\*\*
- Seven Valley's Health Coalition  
\*\* Worksite & Community Contractors
- St. Lawrence Health Initiative, Inc.\*\*

#### Healthy Eating and Active Living by Design:

The Healthy Eating and Active Living by Design (HEALD) project created and enhanced environments, systems and practices that increased opportunities for healthy eating and physical activity to reduce the risk of heart disease, obesity and diabetes. Since its inception in 2009, the 12 HEALD contractors worked in 231 locations across the state. To improve access to physical activity, 13 Complete Streets policies were passed, 21 trails developed or expanded, and 8 new spaces are available for physical activity. To improve access to healthy foods, 14 community gardens were established or expanded, 33 restaurants offered smaller portion sizes, 8 new grocery stores were established in high needs areas, and 9 convenience stores offered low-fat milk and more low-calorie beverages.

Contractors receiving funding from 2009 through 2015 included:

- Capital District Community Gardens
- Charles B. Wang Community Health Center
- City of Rochester - Department of Community Development
- Cornell Cooperative Extension of Allegany and Cattaraugus Counties
- Cornell Cooperative Extension of Chenango County
- NYCHHC Harlem Hospital Center
- John T. Mather Memorial Hospital
- New York City Department of Health and Mental Hygiene
- Parks and Trails New York
- Project Hospitality
- The Research Foundation of SUNY, Stony Brook
- University at Albany Foundation / Center for Excellence in Aging Services

#### Community Transformation Grant – Small Communities

The Community Transformation Grant (CTG) for Small Communities was a two-year project from 2012-14 funded by the Centers for Disease Control and Prevention (CDC) to prevent and reduce obesity, encourage physical activity and healthy eating, and reduce exposure to tobacco in eight small, high-need communities across Broome, Cattaraugus and Chautauqua counties. The communities were selected based on socioeconomic need and risk, high prevalence of obesity among school-age children, and the communities' capacity to implement project objectives. The CTG used a continuum of interventions focusing on permanent changes in infrastructure, guidelines, regulations, and policies and procedures to improve the health of children in early care

and education settings, schools, and the community at large. Implementation of the CTG strategies to improve the health of children in the eight small communities continued through the two-year grant period, followed by dissemination of results to sustain and spread successful approaches.

The general public and CTG partner organizations and agencies were exposed to messages about active living, healthy eating and tobacco-free living via newspaper articles, newsletters, social media sites, Web sites, and presentations to decision makers. Examples include:

- [Community Transformation Grant Helping Chautauqua County Day Care Providers](#)
- [Cattaraugus County Health Department Receives \\$450,000 Community Transformation Grant Funding](#)

Community Transformation Grants succeeded in all three focus areas:

- **Physical Activity:** An overall increase in awareness of the concepts of Complete Streets at the local, regional, and national level occurred. The increase in awareness led to notable actions, and policy and environmental changes. All three sponsored communities engaged with multiple partners to achieve these results.
- **Healthy Eating:** The CTG initiative exceeded the goal for the number of buildings that modified beverage procurement and serving practices. The goal was 40 buildings and as of September 2014, 63 buildings modified their practices.
- **Tobacco Exposure:** The Binghamton Housing Authority in Broome County officially adopted a smoke-free policy in four public housing complexes effective April 2014. The new policy applied to all residents, visitors, and staff on the properties. The CTG in Broome County worked closely with local tobacco control partners and leaders at the Binghamton Housing to implement the policy.

### Hunger Prevention and Nutrition Assistance Program

The Hunger Prevention and Nutrition Assistance Program (HPNAP) is funded with a State appropriation of approximately \$34.5 million to assist 46 contractors which includes more than 2,600 emergency food programs (EFPs) to provide approximately 210 million meals to those in need throughout New York State. HPNAP policies assure that healthy foods, such as fresh produce and low-fat milk are available through eight regional food banks and food pantries, soup kitchens and shelters supported by HPNAP.

HPNAP continues to maintain Minimum Nutrition Standards that require HPNAP-supported meal, provided via a food pantry food package or a soup kitchen/shelter meal, provide two servings of fruits and vegetables. In addition, a standard food pantry packing guide was implemented to assist food pantry operators in meeting this new Minimum Nutrition Standard.

HPNAP continues to monitor performance measures, established in 2013, that promote access to locally grown produce (LGP) in the emergency food network. HPNAP established guidelines that contractors expend at least 30% of their total fresh produce expenditures be on LGP. As a result of our continued efforts, the percent of HPNAP funds spent on fresh LGP for each contractor has increased over the past two years.

Results of the performance measure efforts to date are:

2013-2014 data showed total expenditures of \$5,145,021 on produce with \$1,533,027 spent on LGP (30%)

2014–2015 data showed total expenditures of \$4,550,767 on produce with \$1,823,725 spent on LGP (40%)

### Just Say Yes to Fruits and Vegetables Project

Just Say Yes to Fruits and Vegetables (JSY) is designed to prevent obesity and reduce long-term chronic disease risks by promoting increased fruit and vegetable consumption, increasing physical activity and healthy beverage consumption. Using nutrition education workshops and food demonstrations, JSY helps to ensure low-income families in New York eat nutritious foods, make the most of their food budgets and prepare foods safely. Workshops provide practical nutrition information using USDA approved lesson plans, recipes and cooking demonstrations focusing on fruits and vegetables.

JSY provided nutrition education activities in three settings:

- *Just Say Yes to Fruits and Vegetables in Food Banks*, is a collaboration between the Department and NYS Regional Food Banks. A network of nutritionists delivers comprehensive nutrition education through emergency food programs in eight NYS Food Bank regions.
- The *Stellar Farmers' Market Program (SFM)*, a collaboration between the Department and the New York City Department of Health and Mental Hygiene, provides free Supplemental Nutrition Assistance Program Education (SNAP-Ed) nutrition workshops and cooking demonstrations at 20 farmer's markets located in New York City's lowest-income neighborhoods. This intervention provides a \$2 Health Bucks coupon redeemable for fresh fruits and vegetables at the farmer's market.
- *Modeled after SFM, JSY at the Market* completed its first year following a pilot year in Federal Fiscal Year (FFY) 2013 at the Rochester's Public Market. Based on this successful pilot, JSY at the Market was expanded to the Syracuse Downtown Farmers' Market and the Buffalo Elmwood Bidwell Farmers Market. Both of the JSY farmers' market initiatives connect low-income individuals and their families with nutrition education and access to fresh local produce.



In FFY 2014, JSY, SFM and JSY at the Market provided 38,971 direct nutrition education contacts. Since 2013 direct nutrition education has increased 10% and has increased 36% since 2012. Direct nutrition education contacts continued to increase, reaching 43,033 in FFY 2015.

Direct education via JSY nutrition education at farmers markets comprises a significant amount of JSY program reach. For FFY 2014, SFM conducted a total of 1,647 sessions with 26,526 participants; JSY at the Market conducted 28 sessions with 640 participants. In FFY 2015, SFM sessions and contacts remained stable at 1,678 nutrition education sessions for 21,261 direct nutrition education contacts. However, JSY at the Market increased to 123 nutrition education sessions for 2,212 direct nutrition education contacts.

SFM distributed 26,254 *Health Bucks* during the 2015 growing season which helps SNAP participants purchase and consume fresh fruits and vegetables. New York City residents may also use their Electronic Benefit Transfer (EBT) at SFMs. For every \$5 spent using EBT, the customer receives an additional \$2 Health Bucks, resulting in increased access to healthy and affordable foods, and increased purchasing power by 40%. SFMs have been providing \$2 Health Bucks coupons to program participants since 2010, cumulatively distributing more than 122,600 coupons, amounting to more than \$245,200 worth of fresh fruits and vegetables for low-income New Yorkers. In FFY 2015, 92% of all of the Health Bucks distributed through the Stellar Farmers' Markets were redeemed for fresh produce.

JSY at the Market and the traditional JSY program also implemented Health Bucks as a financial incentive. FFY 2014 redemption rates for Health Bucks indicated that 1,259 Health Bucks were redeemed – worth a total of \$2,840. In FFY 2015 the number of Health Bucks redeemed increased to 2527 representing \$5,504 purchases of New York State grown produce at farmers markets.

The JSY Web site, <http://www.jsyfruitveggies.org/>, includes recipes, cooking tips, nutrition information, money saving tips, and information on community and health resources. In August 2014, the site received 10,000 hits. In July 2015, the JSY website underwent significant updates and revisions in order to better serve program participants. Website traffic experienced more than 82,000 site visits and 135,000 page views for FFY 2015.

### Reduce Sugary Drink Consumption: A Multicomponent Approach

Consuming sugary drinks, such as soda, sports and energy drinks, increases the risk of becoming overweight or obese, and developing diabetes and heart disease. Drinking just one soda per day has been linked with an increased risk for obesity. Through the CDC Communities Putting Prevention to Work grant (CPPW), sugary drink purchasing and consumption habits of New Yorkers were analyzed to inform the design of

interventions to reduce sugary drink consumption. Components of the analysis included Behavioral Risk Factor Surveillance System survey questions of New York adults about consumption of sugary drinks; assessment of public opinion about reducing the availability of sugary drinks; and, analysis of grocery store scanner data and retail outlet access.

Developed with federal funds, the New York State Association of County Health Officials (NYSACHO) Web site about reducing sugary drinks <http://www.cutyoursugar.org/> remains available for consumer access. Using State funds, nine Healthy Eating and Active Living by Design (HEALD) contractors increased awareness about the health consequences of sugary drinks and helped community-based organizations and worksites establish policies to reduce sugary drink consumption (projects concluded in 2015).

The following presentation and materials demonstrate that adults' and children's sugary drink consumption are high (daily consumption 20.5% and 31.1%, respectively); that children drink more non-soda sugary drinks than adults; that there is support for policies to reduce children's access to sugary drinks (e.g., child care and afterschool programs); and that most consumers think of sports drinks as healthy, despite their high sugar content.

- Public Health Live broadcast (1/17/2013): [Sugary Drinks: Why the Fuss and What You Can Do](#)
- [Sugar-Sweetened Beverages New York State Adults 2009. BRFSS Brief. Number 1003](#)
- [Information For Action # 2013-1: Sugar-Sweetened Beverage Public Opinion Poll: Sugar-Sweetened Beverage Bans in Childcare Centers, Afterschool Programs, and Schools](#)
- [Information For Action # 2013-2: Sugar-Sweetened Beverage Public Opinion Poll: Healthy Drink Options in Kids' Fast Food Meals](#)
- [Information For Action # 2013-3: Sugar-Sweetened Beverage Public Opinion Poll: Sports Drinks versus Soda and other Sugar-Sweetened Beverages](#)

#### iChoose600® Media Campaign

The iChoose600 Media Campaign began in 2011. As of December 2015, the iChoose600 campaign has had over 14,023 Facebook fans, over 66 million digital ad impressions, and reached over 500,000 people through local earned media. The [iChoose600 Facebook page](#) continues to attract fans and share health information and tips for healthier living at least once a week.

- Public Health Live broadcast (4/18/2013): [iChoose600 - Helping People Order Fewer Calories at Fast Food Chains](#)

## *School Sector Programs*

### Student Weight Status Category Reporting System

The Student Weight Status Category Reporting System (SWSCR) was established by amendments to New York State Education Law in 2007 to support state and local efforts to understand the extent of and confront the problem of childhood obesity. Amendments added body mass index (BMI) and weight status category (underweight, healthy weight, overweight or obese, based on BMI-for-age percentile) to the school health certificate required at school entry (pre-kindergarten or kindergarten) and in grades 2, 4, 7 and 10 for students attending all public schools outside of the five boroughs of New York City (NYC). Mandatory reporting of aggregated data from the health certificate forms by schools to the New York State Department of Health started during the 2008-09 school year. A 50% sample of public school districts outside NYC is required to submit data to NYSDOH each year. BOCES, special act schools (4201 designated schools), charter, and private schools are also excluded from reporting. Since 2010-11, 100% of the school districts selected to report have complied with reporting requirements.

Data from SWSCR are used in the planning and evaluation of public health programs addressing childhood obesity in public schools. Data from SWSCR are disseminated through Health Data NY, the NYS DOH's Open Data Platform. Since being posted to Health Data NY, these public reports have garnered over 80,000 views. Below are four examples of available reports.

- [Student Weight Status Category Reporting Results: Beginning 2010](#)  
The dataset includes separate estimates of the percent of students overweight, obese and overweight or obese for all reportable grades within the county and/or region and by grade groups (elementary and middle/high) for the reporting periods of 2010-2012 and 2012-2014. The rates of overweight and obesity reported are percentages based on counts of students in selected grades (Pre-K, K, 2, 4, 7, 10) reported to the NYSDOH.
- [Student Weight Status Category Reporting: Percent Obese by School District Map 2012-2014](#)  
The point map shows the obesity rate by grade level for public school districts in New York State, exclusive of New York City, from the Student Weight Status Category Reporting System (SWSCR). The initial view of the map is broken up into large geographic areas and displays the number of public school districts in each area. To drill down to a smaller geographic area, click directly on the area of the map or click the plus sign to zoom in on the map. The small blue dots represent school district offices, not the location of specific schools. Clicking on a dot will bring up a fly-out for that district, with information about the obesity rate, grade level, county, region and school years.

- [Student Weight Percent Obese by Grade Level and County, 2012-2014](#)

This chart displays the percent of students who are obese by grade level (district total, elementary or middle/high) and county for seven regions of New York State (excluding New York City). To view a region that is not included in the initial visualization, you may uncheck the preselected region filter and choose your own parameters. The chart is based on data collected through the Student Weight Status Category Reporting System (SWSCR). Not all counties or regions are shown in the initial visualization display. If grey broken columns appear it means data were not collected for that instance.

- [Student Weight: Percent Obese by Grade Level, Statewide \(Excluding NYC\): 2012-2014](#)

This chart displays the percent of students who are overweight, obese and overweight or obese for New York State (excluding New York City). Data are summarized for the district as a whole and for elementary and middle/high school students reported to the Student Weight Status Category Reporting System (SWSCR). Removing the statewide filter is not recommended. The chart is based on data collected through SWSCR.

## Healthy Schools New York

Healthy Schools NY (HSNY) provided technical assistance and resources to school districts to establish healthful eating environments and daily physical activity opportunities, including physical education (PE), for students of all abilities. Eighteen regional contractors worked with school district personnel to assess local school wellness policies, using the Wellness School Assessment Tool (WellSAT), and develop or strengthen key policy elements, regulations, and practices. This five-year project concluded on September 30, 2015.

The goals of HSNY were interrelated with those of the Designing a Strong and Healthy NY (DASH-NY) and the school sector of Creating Healthy Places to Live, Work and Play (CHPLWP) initiatives. Both HSNY and DASH-NY improved opportunities for active recess in elementary schools. HSNY and CHPLWP also shared goals to increase access to before and after school physical activity opportunities on school grounds and facilities.

- HSNY worked in 58 of NYS's 62 counties providing technical assistance to more than 2,922 school personnel in over 899 school buildings from 175 school districts.
- HSNY worked with 80 of 164 high need school districts. Using the *WellSAT* developed by the Rudd Center for Food Policy and Obesity at Yale University, 150 baseline and 48 follow-up assessments of the federally mandated Local School Wellness Policies were completed.
- In New York City, HSNY supported the implementation of the New York City Department of Education's Wellness Policies in 61 high-need school buildings.

- Overall, nutrition and physical activity policies implemented with support from HSNY affected an estimated 483,000 students.

Contractors included:

- Glens Falls Hospital
- Clinton County Health Department
- Seton Health Center for Smoking Cessation
- The Mary Imogene Bassett Hospital Research Institute
- Onondaga-Cortland-Madison (OCM) Board of Cooperative Educational Services (BOCES) (two awards)
- St. Lawrence County Health Initiative, Inc.
- Oneida-Herkimer-Madison BOCES
- Tompkins-Seneca-Tioga (TST) BOCES
- Ulster County BOCES
- Western Suffolk BOCES (three awards)
- New York City Dept of Health and Mental Hygiene (Fund for Public Health in NY)
- Institute For Family Health
- Community Youth Development and Support Services Erie 1 BOCES
- Genesee Valley BOCES (three awards)

HSNY materials include:

- Public Health Live broadcast (3/20/2014): [Comprehensive School Physical Activity Programs: Enhancing Student Health and Academic Performance](#)
- Public Health Live broadcast (1/16/2014): [School Meals: An Integral Part of the School Day](#)
- HSNY Toolkit for Nutrition and Physical Activity Policy Development
- Physical Education Plan Writing Guide
- Physical Education Environment Assessments for Kindergarten through Grade 12
- Nutrition Environment Assessments: Foods as Fundraising and Adequate Time to Eat Meals
- *Mind and Body* Physical Education Media Campaign Web site ([www.WheresMyPE.org](http://www.WheresMyPE.org)), brochures, and pedometers
- [Report: Healthy Schools NY Makes an Impact Across the State HSNY Success Stories](#)
- [HSNY Final Report](#)

Active School Recess

Throughout 2014 and 2015, the Department, in collaboration with Spark Policy Institute, reviewed current literature and existing best practices, and conducted informational interviews with school and community leaders throughout New York and the country

about active recess. The [Active School Recess Community Activation Guide](#) is the outcome of the program research into implementing active recess in New York schools.

### *Early Childhood Sector Programs*

#### Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides reimbursement to child care and day care programs that serve nutritious meals and snacks to children and adults in care. The U.S. Department of Agriculture (USDA) defines the required components of a reimbursable CACFP meal. Across New York State, 1,400 sponsoring agencies representing 14,000 licensed or registered center based or family day care sites participate in CACFP. During FFY 2015 CACFP realized 4.83% growth in entitlement payments to participating agencies. The program provides nutritious meals to more than 345,000 children and disabled adults daily.

- Eat Well Play Hard in Child Care Settings (EWPH-CCS) – CACFP funds seven Child Care Resource and Referral Agencies and the New York City Department of Health and Mental Hygiene to implement a nutrition education and obesity prevention intervention in CACFP-participating child care centers serving low-income children and their families. The intervention reached over 14,200 unduplicated young children and their families as well as the child care program staff of 212 child care centers during FFY 2015.

The EWPH strategies are:

- Increase consumption of fruits and vegetables
- Increase consumption of low or fat-free milk and low-fat dairy products
- Increase developmentally appropriate physical activity
- Decrease exposure to television and other recreational screen time
- Increase the initiation, duration, and exclusivity of breastfeeding

Research has shown that the intervention increased children's daily at-home consumption of vegetables, use of 1% or fat-free milk, rates of child-initiated vegetable snacking and trends toward increased parental offerings of vegetables.

EWPH-CCS is designated as a practice-tested intervention by the Center for Training and Research Translation, a Prevention Research Center supported by CDC. For more information visit:

<http://www.centertrt.org/?p=intervention&id=1105&section=1>

The intervention was also evaluated by the USDA and can be found at this site:

<http://www.fns.usda.gov/snap-education-and-evaluation-study-wave-i>

The EWPH-CCS curriculum and supporting materials for the interventions described can be found online:

<http://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs.htm>

- Eat Well Play Hard in Day Care Homes (EWPH-DCH) - The goals of EWPH-DCH are to help day care home providers make changes in their environments to improve the nutrition and physical activity practices in their day care homes, and communicate positive messages about eating healthy food and being physically active to children and their families. Preliminary evaluation data indicates that participating day care homes are making changes to nutrition and physical activity practices including serving meals family style, introducing a variety of new fruits and vegetables to the menu, encouraging children to drink more water, adding more movement activities and limiting television use. As of September 2015, 450 (unduplicated) DCH providers completed the intensive 12-week implementation period of EWPHDCH intervention—reaching approximately 4,780 children. A fiscal year 2014 evaluation of EWPH in DCH, conducted by Altarum Institute, showed DCH providers purchased and served healthier foods, improved their mealtime environments, and increased the amount of adult led indoor active play.
- Training - CACFP partnered with New York State Office of Children and Family Services (OCFS) to develop training and education materials for over 4,000 non-participating DCH providers to comply with recent child care regulations. These regulations require healthy beverages in child care, and obesity prevention/wellness information for parents of 150,000 children enrolled in home-based care. The Healthy Beverages in Child Care training was completed by 361 individuals from January through December 2015. The *Together We Can Raise Healthy Children* brochure, which shares information on healthy food and beverage choices and the prevention of childhood obesity with parents of children in care, was distributed by CACFP, OCFS and 62 Child Care Resource and Referral Programs statewide.

Materials developed and available online:

- [Growing Healthy Children: A Nutrition Education Curriculum for New York City Child Care Providers](#)
- [Together We Can Raise Healthy Children Brochure](#)

Other materials developed:

- Pediatric provider fact sheets and resources for patients for breastfeeding, proper nutrition, weight gain, and exercise during pregnancy;
- Child care provider resources for preventing childhood obesity;
- Continuing Medical Education Toolkits with BMI monitoring tools and patient education resources.

### *Health Care Sector Programs*

#### Obesity Prevention in Pediatric Health Care Settings

The Obesity Prevention in Pediatric Health Care Settings (OPPHCS) is a five-year initiative (October 2011 – September 2016) aimed to decrease obesity among children aged 0-18 years through system change interventions to ensure pediatric and adolescent healthcare is delivered in concordance with the *Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity* and *Ten Steps to a Breastfeeding Friendly Practice* and recommended best practices such that there is:

- An increase in the percentage of infants fed any breastmilk from 57% to 67%
- An increase in the percentage of infants fed only breastmilk from 32% to 42%
- An increase in the percentage of children ages 2 to 18 with a BMI in the  $\geq 5$ th to  $\leq 84$ th percentile (healthy weight) from 66% to 75%
- A decrease in the percentage of children ages 2 to 18 with a BMI  $\geq 95$ th percentile (obese) from 17% to 15%

Throughout the project, teams remained above goal (<90%) on BMI, weight status classification, and blood pressure documentation. Teams improved overall in conducting and documenting nutrition assessment and counseling and physical activity assessment and counseling.

Nine organizations across the state worked with pediatric, family and obstetric primary care practices to provide clinical expertise and technical assistance through a variety of approaches including clinician and office staff training, health care systems change, and quality improvement monitoring and reporting.

- Clinton County Health Department
- Community Health Care Association of New York State (CHCANYS) – Central New York Region
- Community Health Care Association of New York State (CHCANYS) – Metropolitan Region
- Maimonides Medical Center
- Research Foundation of SUNY (Buffalo)
- Seton Health Systems
- Steven & Alexandra Cohen Children's Medical Center/North Shore Long Island Jewish Health System
- United Health Services
- University of Rochester

Between 2013 and 2015, training was provided to 80 practices providing pediatric care and 1,800 healthcare providers on quality improvement and data monitoring as well as case studies and best practices for obesity prevention. The data measurement plan and change package of strategies used in the improvement project are available upon request.



## Special Supplemental Nutrition Program for Women, Infants and Children

The NYS Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides breastfeeding support, nutrition counseling, health education, health care referrals, referrals to other services, and nutritious foods to approximately 450,000 women, infants and children each month through 92 local providers (hospitals, local health departments and community based organizations) at 400 service sites. The fundamental purpose of the program is to ensure the health and well-being of income eligible families with young children. WIC provides individually tailored food prescriptions issued to each participant for specific types and brands of foods that meet strict nutrition requirements. These food benefits, valued at nearly \$400 million annually, can be redeemed at approximately 3,200 authorized retail food vendors across the state. Foods provided through WIC are low in fat and high in fiber, and include vegetables and fruit, low fat milk, and whole grain breads and cereals, with some substitutions available for cultural preferences. NYS has developed many initiatives that assist participants in achieving healthier lifestyles and contribute to decreasing overweight and obesity.

- WIC Food Package - In 2014 the USDA released the *Final Food Package Rule* revising food packages for participants in the Special Supplemental Nutrition Program for WIC. The revisions to the Food Package included more fresh produce, whole wheat grains/pasta, and bananas as a substitute for baby food. The final rule is designed to further improve the nutrition and health of the nation's low-income pregnant women, breastfeeding and non-breastfeeding postpartum mothers, and infants and young children up to the age of five. The final rule provides more healthy choices to meet their needs during critical periods of growth and development. The final rule also emphasized individual tailoring of the food package—which is based upon individual nutrition/breastfeeding assessment, participant need/preferences, cultural preferences, and/or qualifying medical conditions.

The NYS WIC Program implemented the Final Food Package Rule in 2 phases; Phase 1 in March 2014 and Phase 2 in July 2015. Phase 1 included a \$2 increase in fresh produce for children, changes to the infant and breastfeeding food package to support breastfeeding, and the allowance of soy, tofu, and goat's milk based on participant preference. Phase 2 included the availability of more food choices including whole wheat grains/pasta, expanded tailoring options to meet participant preferences, bananas as a substitute for baby food, and plain yogurt for children and women.

- Expanded Cash Value Voucher Project - In early March, 2015, NYS WIC temporarily increased the monetary value of WIC Vegetables and Fruits Cash Value Vouchers (CVV) by \$4 per month for children and all women categories. This state funded pilot project was initiated in an effort to increase the perceived value of WIC benefits, thereby attracting and retaining participants, and also to increase participant access to and consumption of vegetables and fruits. This pilot project was initially expected

to last through September 2015, and was extended an extra 6 months through the end of April 2016.

- Performance Improvement Projects - Local agency WIC Performance Improvement Projects include 30 initiatives focused on retaining families in the program and 20 integrating healthy lifestyle programming into nutrition education services.
- Obesity Prevalence - Among WIC children 2 to 4 years of age, the obesity prevalence (defined as age and sex-specific BMI  $\leq$  95<sup>th</sup> percentile, 2000 CDC Growth charts) has decreased from a high of 16.5% in 2002-2003 to 12.9% in 2015. In 2015 obesity prevalence among WIC enrolled children reached a level not seen since 1990 when the rate was 13.2%. Between 2003 and 2015 each race/ethnic group experienced a decline in obesity prevalence with the largest decrease among Hispanic children who, by 2006, had reverted to 1990 levels of obesity:
  - 5.8 percentage point decline among Hispanic children (22.0% in 2002 to 16.2% in 2015);
  - 3.6 percentage point decline among African American children (15.0% in 2003 to 11.4% in 2015);
  - 2.4 percentage point decline among white children (13.4% in 2003 to 11.0% in 2015).
- Local Agency Compliance and Self-Assessment (LACASA) Enhancements - In FFY 2015, performance metrics were incorporated into the annual LACASA in several areas, including child participation rate, obesity rate of children, daily consumption of fruits and vegetables, and screentime. By monitoring these areas, the WIC local agencies have a greater awareness of trends within their own agency, as well as their rankings among all local agencies statewide and region wide. This information will assist local agencies to set priorities and establish goals and action steps around the areas of childhood obesity prevention.

## Comprehensive Breastfeeding Interventions

### *Multiple Sector Programs*

#### Improving Hospital Breastfeeding Policies

The public health importance of breastfeeding, especially exclusive breastfeeding, is well established. Despite strong evidence that specific hospital maternity practices, embodied in the World Health Organization's *Ten Steps to Successful Breastfeeding*, positively impact breastfeeding initiation and exclusivity in the hospital and breastfeeding duration post-discharge, these practices are not widely implemented in the United States.

The Department has been committed to helping hospitals promote, protect and support breastfeeding for several years. This work has included the Great Beginnings NY

initiative that focused on eliminating formula marketing materials and samples at the time of hospital discharge, limiting formula supplementation of breastfed infants unless medically indicated and linking mothers to community breastfeeding supports. During the period December 2013 through October 2014, 68 hospitals outside of NYC joined the Great Beginnings NY initiative. This initiative reinforced compliance with the NY Codes, Rules and Regulations, Title 10, Part 405.21 – Perinatal Services, and the Breastfeeding Mothers’ Bill of Rights. Six bi-monthly webinars and five news briefs highlighted the goals of this initiative. Participation in this initiative helped lay the foundation for hospitals’ involvement in the NYS Breastfeeding Quality Improvement in Hospitals Collaborative (BQIH), which began in late 2013.

Related resources:

- [NYS Model Hospital Breastfeeding Policy, 2011](#)
- [NYS Model Hospital Breastfeeding Policy: Implementation Guide](#)
- [NYS Model Breastfeeding Policy Training](#)

### Breastfeeding Quality Improvement in Hospitals

The Department continues to work with the National Institute for Children's Health Quality to further the implementation of the Breastfeeding Quality Improvement in Hospitals (BQIH) Learning Collaborative. The aim of the BQIH Learning Collaborative is to increase the percentage of infants fed any breast milk and the percentage of infants fed only breast milk and to decrease the percentage of breastfed infants supplemented with formula during the birth hospitalization. The intervention was designed to improve hospital breastfeeding policies and practices to be consistent with NY hospital regulations, the NYS *Breastfeeding Mothers’ Bill of Rights* and recommended best practices and it was successful in achieving higher rates of breastfeeding exclusivity among participating hospitals.

The state-funded project began in April 2013 and allowed an additional cohort of 12 hospitals to participate and achieve improved breastfeeding exclusivity rates. The project will continue through March 2018 and will engage another cohort of hospitals before the end of the project period. Participating hospitals (outside of New York City) in this cohort included:

- Adirondack Medical Center
- Aurelia Osborn Fox Memorial Hospital
- Champlain Valley Physician's Hospital
- Cortland Regional Medical Center
- Good Samaritan Hospital Medical Center
- Health Alliance
- Mary Imogene Bassett Hospital
- Mercy Medical Center
- Montefiore New Rochelle Hospital
- North Shore University Hospital
- Samaritan Medical Center
- United Memorial Medical Center North Street Campus

The New York City Department of Health and Mental Hygiene continues to conduct a separate but complementary initiative using the BQIH model to increase the number of Baby Friendly® designated hospitals. The BQIH model was also adopted by NICHQ and the Centers for Disease Control and Prevention for a nationwide breastfeeding quality improvement initiative, *Best Fed Beginnings*.

Resources and publications:

- [NYS BQIH Collaborative Change Package](#)
- [NYS BQIH Data Measurement Plan](#)
- [Development of the Breastfeeding Quality Improvement in Hospitals Learning Collaborative in New York State](#)

### Medicaid Redesign—Breastfeeding Education and Lactation Counseling Services

The Medicaid coverage of breastfeeding education and lactation counseling services aims to promote and support breastfeeding, especially exclusive breastfeeding, improve maternal and child health, and reduce health care costs by providing reimbursement for specified breastfeeding services. As part of Governor Cuomo’s Medicaid Redesign, the Phase 2 Workgroup on Basic Benefit Review recommended that lactation counseling services be added as a benefit. This new benefit is consistent with the U.S. Preventive Services Task Force (USPSTF) Grade B recommendation which provides strong evidence that comprehensive breastfeeding education and counseling before and after birth increases breastfeeding rates and results in longer duration of breastfeeding. A state plan amendment to provide Medicaid coverage was approved by the Centers for Medicare and Medicaid Services in December 2012. The new benefit became effective April 1, 2013 for Medicaid Fee-for-Service and May 1, 2013, for Managed Care Plans. In conjunction with this coverage, Medicaid established minimum breast pump specifications and updated reimbursement for the purchase of manual and personal use electric pumps.

Additional information about breastfeeding education/lactation counseling and coverage of breast pumps is available:

[New York State Medicaid Coverage of Lactation Counseling Services](#)

[New York State Medicaid Coverage of Breast Pumps](#)

[New York State Minimum Breast Pump Specifications for Medicaid Reimbursement](#)

### Breastfeedingpartners.org

Breastfeedingpartners.org is the NYS WIC Program’s nationally recognized, breastfeeding support Web site that has been helping mothers and breastfeeding peer counselors since 2005. During the past year, the site was redesigned to focus on the importance of exclusive breastfeeding, maternity care practices, returning to work, and establishing a milk supply. A recent addition to the site is *The Making It Work: Returning to Work Toolkit*. The toolkit is a result of collaboration between the Department’s Chronic Disease Prevention and WIC programs. A password protected section of the Web site, <http://breastfeedingpartners.org/>, provides information and resources for

breastfeeding peer counselors. The website is routinely monitored and is updated on a quarterly basis.

### WIC Breastfeeding Support

The WIC Program established a goal to increase the percentage of mothers who are exclusively breastfeeding for 30 days. To accomplish this, the WIC Program uses multiple strategies:

- Peer Counselors - All WIC agencies in New York have a designated Breastfeeding Coordinator and trained Peer Counselors (PC). Breastfeeding Coordinators are either Certified Lactation Counselors (CLC) or International Board of Certified Lactation Consultants (IBCLC). In Federal Fiscal Year 2015, more than 63,000 women were reached monthly by 300 peer counselors statewide. Resources and supporting information for Peer Counselors and the public are maintained on the Breastfeeding Partners website, <http://www.breastfeedingpartners.org/>.
- Trainings - Two new trainings on breastfeeding support were developed and implemented for local agency WIC staff to improve local agencies' skills in assessing and counseling breastfeeding mothers (2013), and conducting a breast pump assessment (2014). Training for providing participant centered nutrition assessment, education and services is currently underway.
- Learning Community - Twelve local WIC agencies were selected to participate in a 2014 Learning Community. The project launched in July 2014 with a two day meeting/training. The Learning Community is designed to increase exclusive breastfeeding rates (goal 10% increase). The project replicates the Vermont Department of Health's *You Can Do It! WIC Can Help!* project and includes: implementation of a breastfeeding attrition prediction tool; provision of targeted counseling during pregnancy; and early (within 1-3 days), frequent breastfeeding support during the first month postpartum. In addition, local agencies will conduct public health detailing with health care providers. Training of local agency staff continued through August. Phase I of the project (recruitment of pregnant women in their first trimester, Public Health Detailing training, individual targeted counseling training) began in September 2014 and continued through 2015. Results of an outcome evaluation showed that exclusive breastfeeding at 7 and 30 days was significantly higher among women participating in *You Can Do It!* than among women who did not participate in the intervention. Furthermore, the effect appears to be stronger among black and Hispanic women.

### CACFP Breastfeeding Friendly Child Care

The Department's Obesity Prevention Program encourages new mothers to exclusively breastfeed for the first six months of a baby's life. This should be followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby. However, breastfeeding rates drop sharply when women return to work or school. The Department's Child and Adult Care Food Program (CACFP) encourages child care centers and day care homes to support mothers in continuing to

breastfeed while their infants are in care. CACFP recognizes these providers by designating them “Breastfeeding Friendly.” Child care providers complete a self-assessment, to determine whether they are providing services, encouragement and facilities that support breastfeeding families. To be designated as Breastfeeding Friendly, providers train staff on handling human milk and the benefits of breastfeeding. This assessment asks about the space available for mothers to nurse their babies and reviews infant feeding practices. When a provider meets all of the guidelines on the assessment, and submits their breastfeeding policy to CACFP, they are designated as breastfeeding friendly. They receive a certificate and are listed on the CACFP website.

[Breastfeeding Friendly Child Care Centers by County](#)  
[Breastfeeding Friendly Child Care Homes by County](#)

CACFP presently maintains a web-based Breastfeeding Friendly Information Room to connect child care providers designated as breastfeeding friendly. This information room maintains up-to-date resources and breastfeeding related trainings. It also serves as a forum for centers and homes to exchange information and ideas concerning breastfeeding promotion in child care.

As of November 2015, there were 145 day care centers and 699 day care homes with the CACFP Breastfeeding Friendly designation across the state. The program continues to grow and future plans include providing day care homes and centers with additional resources.

#### Creating Healthy Places to Live, Work and Play - Worksite: *The Business Case for Breastfeeding*

*The Business Case for Breastfeeding* is designed to educate employers about the value of supporting breastfeeding employees in the workplace. The program highlighted how such support contributes to the success of the entire business, e.g., reducing absenteeism, and significantly reducing infant healthcare costs during the first year. *The Business Case for Breastfeeding* offers evidence-based tools to help employers provide worksite lactation support and privacy for breastfeeding mothers to express milk as required by New York’s *Nursing Mothers in the Workplace Act (Section 206-c of the NY Labor Law)*. The program offers guidance to employees on breastfeeding and working and provides resources to help lactation specialists and health professionals educate employers.

Between January 1, 2010 and September 30, 2015, 80 small to medium size worksites representing 26,796 employees in five counties were recruited into the worksite component of the Creating Healthy Places to Live, Work and Play project. With technical assistance from the worksite contractors, worksites increased workplace lactation supports . The program components included: creating a supportive work environment by enlisting support from supervisors, colleagues and other mothers; providing flexible return to work options and time to express milk at work; creating or designating a private space for women to express milk at work; and, providing

education resources and access to lactation support. The project concluded on September 30, 2015.

### Making It Work Toolkit

The NYS *Nursing Mothers in the Workplace Act* ensures women the right to express milk in the workplace until their child reaches three years of age, and requires employers to provide private space and time for women to express milk. However, there is a wide variation in implementation of this legislation. Employers need to be aware of the legislation and women, especially those in hourly wage positions, and employees need to feel empowered to discuss their lactation support needs with their employers. The Department developed resources and tools to empower women to plan for lactation accommodations with their employers.

The [Making It Work Toolkit](#) for use by mothers, their family members and employers is posted on [www.breastfeedingpartners.org](http://www.breastfeedingpartners.org), a nationally recognized Web site for NYS WIC Peer Counselors, health professionals and mothers.

### Conclusion

Obesity remains a complex, significant public health issue. There is some evidence that progress is being made. As of 2015, New York's obesity rate among young children from low-income families decreased and is 12.9 percent. Students who are obese from all reportable grades statewide (excluding New York City) decreased and is [17.3 percent](#). The Department continues its work to prevent and reduce childhood overweight and obesity in collaboration and coordination with many partners and contractors to develop and implement a range of obesity prevention programs in community, child care, school and health care settings. Although some of the initiatives described in this report ended in 2015, the future goals of the program include newly procured initiatives implementing evidence-based strategies and will be described in future reports.

## Footnote

1. "Focus Area 1: Reduce Obesity in Children and Adults," New York State Department of Health, last modified June 2013, accessed November 30, 2016, [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/chronic\\_diseases/focus\\_area\\_1.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_1.htm)



## Appendix 1

### *Statutory Mandate*

Section 24-B of Part B of Chapter 58 of the Laws of 2007

24-b. The commissioner of health shall annually, on or before March 31, report to the legislature and the governor on the performance outcomes of each program under the department of health's purview that promotes child health and wellness. These programs include, but are not limited to: Active8Kids; the Healthy Heart program; Steps to a Healthier New York; and, Eat Well Play Hard. The report shall include but not be limited to: the goals of each program; interrelationship between such programs; achievements made toward reaching the goals of each program; the types of materials disseminated relating to the program; and, future goals of the program.

## Appendix 2

### *List of URLs by Page Number*

Pg. 3: New York State Department of Health – Home Page

<http://www.health.ny.gov/>

NYS Prevention Agenda 2013 – 2018: Focus Area 1: Reduce Obesity in Children and Adults

[http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/chronic\\_diseases/focus\\_area\\_1.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_1.htm)

Pg. 4: New York State Prevents Chronic Diseases – Home Page

<http://www.albany.edu/sph/cphce/preventionagenda.shtml>

Pg. 5: Designing a Strong and Healthy New York (DASH-NY) Tools and Resources

<http://www.dashny.org/tools-resources/>

New York Shared Use Agreement Policy Implementation Guide

<http://www.dashny.org/wp-content/uploads/2015/10/SharedUseGuide-Final-09082015-A.pdf>

Mandatory Active Recess Policy Information Sheet

<http://www.dashny.org/wp-content/uploads/2015/10/MandatoryDailyActiveRecessInfoSheet.pdf>

Mandatory Active Recess Policy Implementation Guide

<http://www.dashny.org/wp-content/uploads/2015/10/MandatoryDailyActiveRecessGuide.pdf>

Creating Healthy Places to Live, Work and Play Final Report

[http://www.health.ny.gov/prevention/obesity/statistics\\_and\\_impact/docs/creating\\_health\\_places\\_to\\_live\\_work\\_play.pdf](http://www.health.ny.gov/prevention/obesity/statistics_and_impact/docs/creating_health_places_to_live_work_play.pdf)

Pg. 7: Community Transformation Grant Helping Chautauqua County Day Care Providers

<http://www.observertoday.com/news/local-region/2013/12/community-transformation-grant-helping-chautauqua-county-day-care-providers/>

Cattaraugus County Health Department Receives \$450,000 Community Transformation Grant Funding

<http://www.cattco.org/news/20122606-cattaraugus-county-health-department-receives-450000-community-transformation-grant-fu>

Pg. 9: Just Say Yes to Fruits and Vegetables – Home Page

<http://www.jsyfruitveggies.org/>

Pg. 10: Cut Your Sugar – Home Page

<http://www.cutyoursugar.org/>

Sugary Drinks: Why the Fuss and What You Can Do – Public Health Live broadcast (1/17/2013)

[http://www.albany.edu/sph/cphce/phl\\_0113.shtml](http://www.albany.edu/sph/cphce/phl_0113.shtml)

Sugar-Sweetened Beverages New York State Adults 2009 – BRFSS Brief, Number 1003

[http://www.health.ny.gov/statistics/brfss/reports/docs/brfssbrief\\_sugarbev\\_112310.pdf](http://www.health.ny.gov/statistics/brfss/reports/docs/brfssbrief_sugarbev_112310.pdf)

Information For Action #2013-1: Sugar-Sweetened Beverage Public Opinion Poll: Sugar-Sweetened Beverage Bans in Childcare Centers, Afterschool Programs, and Schools

[http://www.health.ny.gov/statistics/prevention/injury\\_prevention/information\\_for\\_action/docs/2013-01\\_ifa\\_report.pdf](http://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2013-01_ifa_report.pdf)

Information For Action #2013-2: Sugar-Sweetened Beverage Public Opinion Poll: Healthy Drink Options in Kids' Fast Food Meals

[http://www.health.ny.gov/statistics/prevention/injury\\_prevention/information\\_for\\_action/docs/2013-02\\_ifa\\_report.pdf](http://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2013-02_ifa_report.pdf)

Information For Action #2013-3: Sugar-Sweetened Beverage Public Opinion Poll: Sports Drinks versus Soda and other Sugar-Sweetened Beverages

[http://www.health.ny.gov/statistics/prevention/injury\\_prevention/information\\_for\\_action/docs/2013-03\\_ifa\\_report.pdf](http://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2013-03_ifa_report.pdf)

Pg. 11: iChoose600® Facebook Page

<https://www.facebook.com/ichoose600>

iChoose600® – Helping People Order Fewer Calories at Fast Food Chains Public Health Live broadcast (4/18/2013)

[http://www.albany.edu/sph/cphce/phl\\_0413.shtml](http://www.albany.edu/sph/cphce/phl_0413.shtml)

Student Weight Status Category Reporting Results: Beginning 2010

<https://health.data.ny.gov/Health/Student-Weight-Status-Category-Reporting-Results-B/es3k-2aus>

Student Weight Status Category Reporting: Percent Obese by School District Map 2012-2014

<https://health.data.ny.gov/Health/Student-Weight-Percent-Obese-by-School-District-Map/i9hu-ki7z>

Pg. 12: Student Weight Percent Obese by Grade Level and County, 2012-2014

<https://health.data.ny.gov/Health/Student-Weight-Percent-Obese-by-Grade-Level-and-County/2g3u-s84v>

Student Weight: Percent Obese by Grade Level, Statewide (Excluding NYC): 2012-2014

<https://health.data.ny.gov/Health/Student-Weight-Percent-Obese-by-Grade-Level-Statewide/xjisc-2jcc>

Pg. 13: Comprehensive School Physical Activity Program: Enhancing Student Health and Academic Performance Public Health Live broadcast (3/20/2014)

[http://www.albany.edu/sph/cphce/phl\\_0314.shtml](http://www.albany.edu/sph/cphce/phl_0314.shtml)

School Meals: An Integral Part of the School Day Public Health Live broadcast (1/16/2014)

[http://www.albany.edu/sph/cphce/phl\\_0114.shtml](http://www.albany.edu/sph/cphce/phl_0114.shtml)

Where's My PE? *Mind and Body* Physical Education Media Campaign – Home Page

<http://www.wheresmype.org/>

Report: Healthy Schools NY Makes an Impact Across the State

[http://www.ocmboces.org/tfiles/folder1527/1509\\_HS\\_Booklet\\_WEB.pdf](http://www.ocmboces.org/tfiles/folder1527/1509_HS_Booklet_WEB.pdf)

Healthy Schools New York Success Stories

<http://www.ocmboces.org/teacherpage.cfm?teacher=1527>

Healthy Schools New York Final Report (second page)

[http://www.health.ny.gov/prevention/obesity/statistics\\_and\\_impact/docs/creating\\_health\\_places\\_to\\_live\\_work\\_play.pdf](http://www.health.ny.gov/prevention/obesity/statistics_and_impact/docs/creating_health_places_to_live_work_play.pdf)

Pg. 14: Active School Recess Community Activation Guide

<https://activerecessguide.wordpress.com/>

Center for Training and Research Translation  
<http://www.centertrt.org/?p=intervention&id=1105&section=1>

Pg. 15: Supplemental Nutrition Assistance Program (SNAP) Education and Evaluation (Wave 1)  
<https://www.fns.usda.gov/snap-education-and-evaluation-study-wave-i>

EWPH-CCS curriculum and supporting materials for the interventions:  
<http://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs.htm>

Growing Healthy Children: A Nutrition Education Curriculum for New York City Child Care Providers  
<https://www1.nyc.gov/assets/doh/downloads/pdf/Growing%20Healthy%20Children%20Curriculum%20PDFs.pdf>

Together We Can Raise Healthy Children Brochure  
[https://www.health.ny.gov/prevention/nutrition/resources/together\\_we\\_can.htm](https://www.health.ny.gov/prevention/nutrition/resources/together_we_can.htm)

Pg. 19: New York State Model Hospital Breastfeeding Policy, 2011  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model\\_hospital\\_breastfeeding\\_policy.pdf](http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy.pdf)

New York State Model Hospital Breastfeeding Policy: Implementation Guide  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model\\_hospital\\_breastfeeding\\_policy\\_implementation\\_guide.pdf](http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy_implementation_guide.pdf)

New York State Model Breastfeeding Policy Training  
[https://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model\\_hospital\\_breastfeeding\\_policy\\_training.pdf](https://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy_training.pdf)

Pg. 20: NYS Breastfeeding Quality Improvement in Hospitals (BQIH) Collaborative Change Package  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/bqih\\_change\\_package.pdf](http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/bqih_change_package.pdf)

NYS Breastfeeding Quality Improvement Hospital Initiative (BQIH) Data Measurement Plan  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/bqih\\_data\\_measurement\\_plan.pdf](http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/bqih_data_measurement_plan.pdf)

Development of the Breastfeeding Quality Improvement in Hospitals Learning Collaborative in New York State  
<http://online.liebertpub.com/doi/pdfplus/10.1089/bfm.2012.0107>

New York State Medicaid Coverage of Lactation Counseling Services  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid\\_coverage/lactation\\_counseling\\_services.htm](http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm)

New York State Medicaid Coverage of Breast Pumps  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid\\_coverage/breast\\_pump\\_coverage.htm](http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/breast_pump_coverage.htm)

New York State Minimum Breast Pump Specifications for Medicaid Reimbursement  
[http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid\\_coverage/minimum\\_breast\\_pump\\_specifications.htm](http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/minimum_breast_pump_specifications.htm)

Pg. 20: Breastfeeding Partners – Home Page  
<http://www.breastfeedingpartners.org/>

Pg. 21: Breastfeeding Partners – Home Page

<http://www.breastfeedingpartners.org/>

Pg. 22: Breastfeeding Friendly Child Care Centers by County

[http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding\\_centers/](http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding_centers/)

Breastfeeding Friendly Child Care Homes by County

[http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding\\_homes/](http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding_homes/)

Pg. 23: Making It Work Toolkit

[http://breastfeedingpartners.org/index.php?option=com\\_content&view=article&id=164&Itemid=412](http://breastfeedingpartners.org/index.php?option=com_content&view=article&id=164&Itemid=412)

Breastfeeding Partners – Home Page

<http://www.breastfeedingpartners.org/>

New York's obesity rate among students who are obese from all reportable grades (excluding New York City) decreased and is 17.3 percent.

<https://health.data.ny.gov/Health/Student-Weight-Percent-Obese-by-Grade-Level-Statew/xjsc-2jcc>

Pg. 24: **Footnote:** Focus Area 1: Reduce Obesity in Children and Adults (NYSDOH)

[http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/chronic\\_diseases/focus\\_area\\_1.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_1.htm)